

City Of Memphis Claims Department Claim Form

Return To: Room 2100, City Claims Office, 100 N.Main, Memphis, Tn 38103

Claimant	Bus. Phone
Address	Res. Phone
City, State	Zip
Insurance Co.	Policy #

Address _____

Date of Incident	Time
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[illegible]

Accident Location

Was an Ambulance Called?	Yes	No
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Police Notified?	Yes	No	Police Report #
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Party Charged:	City Employee	Claimant	Other
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Charges MadeDriver (if not owner)

Vehicle Make/Model	License #
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Tow Ticket #	Date: Arrived	Removed
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Describe Damage:

[illegible]

City Of Memphis Claims Department
Claim Form

Driver of City Vehicle

Address

Dept.	Vehicle #	License #
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(1) Passenger's Name	Age	Phone
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Address

Dr. Or Hospital

Injuries

(2) Passenger's Name	Age	Phone
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Address

Dr. Or Hospital

Injuries

(3) Passenger's Name	Age	Phone
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Address

Dr. Or Hospital

Injuries

(1) Witness Name	Age	Phone
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Address

(2) Witness Name	Age	Phone
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Signature of Claimant

Date